

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/510120** FILING DATE

APPLICANT(S)

11-3-02

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
			IND.	DEP.	IND.	DEP.		
1	1		1					
2				1				
3				1				
4				1				
5				1				
6				1				
7				1				
8				1				
9				1				
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35			1					
36			1					
37			1					
38			1					
39	2		2					
40	1		1					
41	1		1					
42	1		1					
43	1		1					
44								
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48								
49								
50								
TOTAL IND.	3	↓	3	↓		↓		
TOTAL DEP.	41	←	41	←		←		
TOTAL CLAIMS	44		44					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
			IND.	DEP.	IND.	DEP.		
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100								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								